

DEALER APPLICATION FOR ADDITIONAL LOCATION

INSTRUCTIONS

Please complete this form and return it to the above address with a check payable to the Colorado Department of Revenue. The additional location must operate in the **same licensed name** as the main location. (Do **not** use this form if the location will operate in a different DBA. An original application, bond, and fee will be required for the new DBA.)

SPECIAL NOTE

If approved, the additional location license will be mailed to the primary place of business for verification of the information on the license. If correct, the dealer should forward it to the additional location for **conspicuous posting** as required by law.

Check one:

☐ **Motorvehicle Dealer (2525)**

☐ **Powersports Dealer (2616)**

Dealer's Licensed Name	Dealer Number	Business Phone Number ()	
Primary Location Address	City	State	ZIP

1. I hereby request a license for the following additional location

Street	City	County	State	ZIP	Business Phone Number ()
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2. The desired opening date is _____

3. The additional location is owned/leased by the licensed entity. ☐ owned ☐ leased

If leased, from whom (<i>name and address</i>)	Lease start date	Lease expires
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4. I certify that the place of business listed above meets or will meet all the following requirements under Dealer Law and Regulations as of the date of licensing. (*A box for each numbered requirement must be checked or the application will be rejected or delayed.*)

- | | |
|---|---|
| 1. <input type="checkbox"/> Permanent enclosed office large enough to accommodate dealer's office | 8. <input type="checkbox"/> Used for dealer business |
| 2. <input type="checkbox"/> Books & records stored safely and available for inspection | 9. <input type="checkbox"/> Property owned or <input type="checkbox"/> leased |
| 3. <input type="checkbox"/> Electrical service | 10. <input type="checkbox"/> Permanent sign in place or <input type="checkbox"/> temporary sign in place with permanent sign ordered |
| 4. <input type="checkbox"/> Adequate sanitary facilities (<i>restrooms</i>) | 11. <input type="checkbox"/> Sign displays licensed name (<i>DBA</i>) |
| 5. <input type="checkbox"/> Space to display one or more vehicles | 12. <input type="checkbox"/> Sign's letters are at least 6 inches high |
| 6. <input type="checkbox"/> Hours of operation posted and open at least 3 days per week for a continuous four hours per day between 8 a.m. and 9 p.m. Please indicate days and hours of operation _____ | 13. <input type="checkbox"/> Sign is visible to the major avenue of traffic |
| 7. <input type="checkbox"/> Complies with local zoning requirements. | 14. <input type="checkbox"/> Location photos attached: Four photos are required showing a full view of the lot and sign from across the street (<i>at least 100 feet displaying the entire building and lot</i>). One close-up photo of the office building and sign. A photo of the rest room and one photo of the inside of the office. |

I declare under penalties of perjury in the second degree (*Class 1 Misdemeanor*) that the above information is true and accurate. I realize that my place of business is subject to inspection and any false statements regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, co-partner, LLC member/manager, or corporate officer have authority to sign this request.

Signature (<i>owner, partner, LLC member/manager, or corporate officer</i>)	Title
Printed Name	Date

**For Office
Use Only**

Effective Date

Process Date

Fee Required & Submitted

\$

white copy - Licensing Section

canary copy - Compliance Section

pink copy - Cashier